

ITEM #7
INDIVIDUAL AFFIDAVIT

See affidavit instructions for completing affidavit

Name of Insurer: _____
Address: _____
Type of Application: _____

For the purpose of this Affidavit, the term "insurance" or "insurer" shall include:

- | | |
|---|-------------------------------------|
| 1. Insurers | 6. Attorneys-In-Fact |
| 2. Reinsurers | 7. Fraternal Benefit Societies |
| 3. Underwritten Title Companies | 8. Grants and Annuities Societies |
| 4. Motor Clubs | 9. Insurance Agencies or Brokerages |
| 5. Reciprocal Insurers or
Interinsurance Exchanges | 10. Home Protection Companies |
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1. Last Name: _____ First Name: _____

Middle Name: _____ Title: _____

2a. Have you ever used another name? ☐ Yes ☐ No

b. If yes, list all names used: _____

3. Sex: ☐ Male ☐ Female

4. Date of Birth: _____

5. Place of Birth: _____ / _____ / _____
County State Country

6. Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____

7a. Are you a citizen of a country other than the United States? ☐ Yes ☐ No

b. If yes, what country? _____

8. Social Security Number: _____

9. Driver's License Number: _____ State: _____

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10a. Have you or your spouse ever been affiliated or associated with or in any way connected with an insurance entity regulated by any Department of Insurance? ☐ Yes ☐ No

b. If yes, list all such entities and the State of Domicile.

11. Name of Spouse, if applicable: Last Name: _____

First Name: _____ Middle Name: _____

12a. Has your spouse ever used another name? ☐ Yes ☐ No

b. If yes, list all names used: _____

13. Education. Please list the most recent education first.

<u>College/University</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Degree</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. List Membership in Professional Societies or Associations.

15. I own (legally or beneficially) and/or control (directly or indirectly) 10% or more of the outstanding capital stock of the following insurer(s):

<u>Name</u>	<u>Address</u>
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_____	_____
_____	_____
_____	_____

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16. Business and Employment record for the past ten (10) years. Please list the most recent first.

Dates Employer's Name Address & Telephone Offices/Positions

17. Residences for the past ten (10) years. Please list your current address first.

Dates Address City, County, State Telephone

- 18a. Have you ever filed for Bankruptcy? ☐ Yes ☐ No

- b. If yes, please give the following details:

Date Type of Bankruptcy Location of Filing

- 19a. Have you ever, anywhere, or at anytime; 1. forfeited bail, 2. been convicted, 3. fined or, 4. placed on probation for any violation of the law other than for minor traffic offenses? ☐ Yes ☐ No

- b. If any of these events have occurred, please list:

Date of Arrest Place of Arrest Offense Disposition

- 20a. Have you ever been found in violation of, pled no contest to, or settled any proceeding involving insurance law, regulation or rule, or State or Federal securities laws, regulations or rules?

☐ Yes ☐ No

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- b. If any of these events have occurred, please list:

<u>Date of Violation</u>	<u>Place of Violation</u>	<u>Violation</u>	<u>Disposition</u>
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21. During the past 10 years, have you held any professional, occupational and/or vocational licenses? ☐ Yes ☐ No

If yes, please list:

<u>Date</u>	<u>License Type</u>	<u>Address of Issuing Authority</u>
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22. During the past 10 years, have you ever been refused a professional, occupational and/or vocational license, or has any such license held by you ever been suspended or revoked? ☐ Yes ☐ No

(If your answer is yes, explain in the space below or on an attached addendum.)

- 23a. Have you ever been named a defendant in a suit or administrative hearing brought by any public or governmental licensing agency or regulatory authority for violation of, or to prevent the violation of, any securities or insurance law? ☐ Yes ☐ No

- b. If yes, please list:

<u>Date</u>	<u>Nature of the Action</u>	<u>Name of Accusing Party</u>	<u>Address</u>
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- 24a. Have you ever been found liable in a civil action for fraud? ☐ Yes ☐ No

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b. If yes, please list:

Date Nature of the Action Name of Accusing Party Address

25a. Have you ever been the subject of a cease and desist order, or entered into a settlement with any State of Federal regulatory agency? ☐ Yes ☐ No

b. If yes, please list:

Date Nature of the Action Name of Agency Address

26a. Within the past 10 years, has any insurer of which you were an officer, director, trustee, managing general agent, investment committee member or controlling stockholder ever become insolvent, placed in conservatorship, receivership, liquidation, or ordered to cease and desist doing business in whole or in part, or had its Certificate of Authority/License suspended, revoked or denied, or voluntarily withdrawn its application for a Certificate of Authority? ☐ Yes ☐ No

b. If yes, please list:

Date Nature of the Action Name of the Insurer Address

27a. Within the past 10 years, have you been an officer, director, controlling stockholder, trustee, partner or owner of any organization that has been the subject of conservatorship, liquidation or other receivership proceeding by a State or Federal Agency? ☐ Yes ☐ No

b. If yes, please list:

Date Nature of the Action Name of the Organization Address

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- 28a. (Complete For Securities Permit Only) Have the shares in the original issue (the subject of this organizational permit), subscribed to by you as a member of the groups consisting of promoters, organizers, initial officers and directors, been purchased with funds that are now, or will at the time of purchase be your property without any other person having any legal, equitable or security interest in said shares, after purchase? ☐ Yes ☐ No

(If your answer is No, in the space below provide the name and address of the person or persons having such interest.)

I, the undersigned affiant, under the laws of the State of California, do declare that I have carefully examined each of the questions asked in this INDIVIDUAL AFFIDAVIT and each of my responses thereto, and do solemnly swear or affirm that all of my responses, information, exhibits, and documentary evidence submitted in support thereof are true and correct.

Dated and signed this _____ day of _____ 20 _____, at

(City) _____ (State) _____.

(Signature)